

APPENDIX D

INLAND WETLAND AND WATERCOURSES PERMIT / PERMIT MODIFICATION APPLICATION FORM

(Please note: Failure to provide all of the information requested may result in your application being considered incomplete and rejected without prejudice by the Commission.)

☐ **Permit or**

☐ **Permit Modification** (Existing Permit Application Number _____) **or**

☐ **Request for Extension** (Existing Permit Application Number _____)

1. Name of Applicant _____

Address _____

Phone: Home _____ Business _____

2. Owner's Name _____

Address _____

Phone: Home _____ Business _____

Note: If applicant is not the property owner, the owner's written consent to the application **must** be attached to this application form.

3. Project Location _____

Map____ Block____ Lot____ Newtown Tax Account # _____

a. Is project located in the Aquifer Protection District? Yes____ No____

If yes then the applicant must notify CTDPH as defined in P.A. 06-53

b. Is the project located within a public water supply watershed? Yes____ No____

If yes then the applicant must notify CTDPH as defined in P.A. 06-53

c. Is the project located within 500 feet of the boarder with an adjoining municipality?

Yes____ No____

d. List the current zoned use for which the proposed activity is to occur and present use:

4. Quantitative Information:

a. Wetland soil type(s) _____ b. Upland soil type(s) _____

e. Amount of wetlands proposed for alteration: _____

f. Amount in linear feet of stream proposed for alteration: _____

g. Amount of total area proposed for alteration: _____

h. Amount of material to be removed or deposited in wetlands or watercourse: _____

- i. Amount of total material to be removed or deposited: _____
5. Describe the proposed activity and estimated time for completion of the project:
- _____
6. Describe the purpose of the proposed activity:
- _____

PLEASE NOTE: THE COMMISSION MAY REQUIRE ADDITIONAL DATA, INFORMATION OR REPORTS AS IT DEEMS NECESSARY IN ORDER TO ADEQUATELY EVALUATE THE APPLICATION. SIGNATURE OF THE APPLICANT IS A RELEASE FOR ACCESS TO THE PARCEL FOR ALL PERSONS NECESSARY TO THE DETERMINATION OF SAID APPLICATION.

I have personally examined the information submitted in this document and certify that the information is true, accurate, and complete to the best of my knowledge. I understand that providing false information MAY BE PUNISHABLE AS A CRIMINAL OFFENSE in accordance with section 22a-6 of the Connecticut General Statutes.

Submitted By: _____

Printed	Signature	Date
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Office use only:

Fee Received: _____ Date: _____ Receiving Individual: _____